

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1242
Registrar's No. 101

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Convalescent Home, 42700 Tracey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME RUTH R. HATCH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced
7. Birth date of deceased July 24, 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 13
If less than one day hr. min.

9. Birthplace Australia
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Mark Hirschberg

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Leah Davis

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Hirschberg

(b) Address 2510 Monroe, K. C. Mo.

17. (a) Burial (b) Date thereof 1-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery
Morton Funeral Home

18. (a) Signature of funeral director North Kansas City, Mo.

(b) Address 1-9-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 2510 Monroe
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7/13/40
_____, 19____, to Jan 7, 1942
that I last saw her alive on Jan 7
and that death occurred on the date and hour stated above.

Immediate cause of death:
Broncho pneumonia
Psychoneurosis, acute
Due to _____
Due to _____

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A Lloyd Stockwell (M. D. or other)
Address 625 Professional Bldg Date signed 1/8/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Harold L. Posson

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.